# PSJ3 Exhibit 612

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## **M**SKESSON

Empowering Healthcare

# **Threshold Change Form**

Immediate Change	e Request Y/NY	Anticipated Effective D	ate: <u>12/15/08</u>	
Date: 12/15/08				
Customer Name: Address:	<u>CVS</u> 5301, 5302, 5305, 5307			
DEA number: Customer Account	t number: <u>many</u>			
<ol> <li>CS requested:</li> <li>CS requested:</li> <li>CS requested:</li> <li>CS requested:</li> <li>CS requested:</li> </ol>	(attach supporting document due to the vast number o	Increase amount Increase amount Increase amount Increase amount Increase amount Increase amount	<u>30%</u>	
<ul><li>2. Questionna</li><li>3. Permanent</li></ul>	y t site visit/observation ire and Declaration on file' or Temporary threshold ch old been changed on the sa	? D ange?perm	ate:st three months?	
Current Threshold  1. various  2.  3.  4.  5.				
Denied By:		Da	ate:	
Approved by:				
DCM		Da	ate:	
Sales		Da	nte:	
Threshold Change Form 12-	15-2008.doc			

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MSKESSON

Empowering Healthcare

Regulatory dg Date: 12-15-08

Threshold Change Form 12-15-2008 doc

#### Kramer, Jake

From:

Gustin, Dave

Sent:

Wednesday, December 17, 2008 8:10 AM

To: Cc:

#PGDCM

de Gutierrez-Mahoney, Bill; Oriente, Michael; Jonas, Tracy

Subject:

FW: could you do me a favor.

Attachments:

Threshold Change Form.doc

#### All:

On Nov 28 I was sent requests by Michael for over 200 Thresholds to get 30% increases for various National accts. The attached TCR form covers all RNA increases made that date. Please sign and file. This is not routine but I was the only DRA on and so my time was spent making the changes and I may have missed some email's to the DCs. Include a copy of this email along with the TCR in the file. Thanks for your patience and understanding.

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Dave Gustin, DRA North Central Region

cell 937 402 0834

From: Bishop, Micheal

Sent: Wednesday, December 17, 2008 9:56 AM

To: Gustin, Dave

Subject: RE: could you do me a favor.

Dave



Threshold Change Form.doc (64 ...

Thank you

#### Micheal Bishop

Compliance Analyst, Business Process

#### McKesson Pharmaceutical

Retail National Accounts, Support Solutions 1220 Senlac Drive Carrollton, TX 75006

972.446.4892 Tel 972.446.5493 Fax 972.872.0149 Cell

micheal.bishop@mckesson.com

#### www.mckesson.com

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From: Gustin, Dave

Sent: Wednesday, December 17, 2008 8:49 AM

To: Bishop, Micheal

Subject: RE: could you do me a favor.

Yep....11/28

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Dave Gustin, DRA North Central Region

cell 937 402 0834

From: Bishop, Micheal

Sent: Tuesday, December 16, 2008 5:16 PM

To: Gustin, Dave

Subject: RE: could you do me a favor.

This is the Thanksgiving increases?

Thank you

#### Micheal Bishop

Compliance Analyst, Business Process

#### McKesson Pharmaceutical

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972.446.4892 Tel 972.446.5493 Fax 972.872.0149 Cell

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2

From: Gustin, Dave

Sent: Tuesday, December 16, 2008 3:01 PM

To: Bishop, Micheal

Subject: RE: could you do me a favor.

I just need a TCR from you signed and dated the 30th. I will use it for the 30% increases I made for the RNAs that day after you emailed me all those reports. Thx

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cell 937 402 0834

From: Bishop, Micheal

Sent: Tuesday, December 16, 2008 4:00 PM

To: Gustin, Dave

Subject: RE: could you do me a favor.

I am...meeting for next 30

Thank you

#### Micheal Bishop

Compliance Analyst, Business Process

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3

From: Gustin, Dave

Sent: Tuesday, December 16, 2008 2:59 PM

To: Bishop, Micheal

Subject: could you do me a favor.

#### Are you in today?

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Dave Gustin, DRA North Central Region

cell 937 402 0834

4

## **M**SKESSON

Empowering Healthcare

# **Threshold Change Form**

Immediate Change	Request Y/NY	Anticipated Effective Date: 11/28/2008	
Date: 11/28/2008			
Customer Name: Address:	Various RNA Customer		
DEA number:Customer Account	number: <u>See attachment</u>		
<ol> <li>CS requested:</li> <li>CS requested:</li> <li>CS requested:</li> <li>CS requested:</li> <li>CS requested:</li> </ol> Reason for change		Increase amount30% increase Increase amount Increase amount Increase amount Increase amount Increase amount	or percentage
McKesson use onl  1. Date of las 2. Questionna 3. Permanent	Y t site visit/observation aire and Declaration on fi or Temporary threshold	le? Date:	
Current Threshold 1. various 2. 3. 4. 5.			
Denied By:		Date:	
Approved by:			
DCM		Date:	
Sales		Date:	
Regulatory dg  Threshold Change Form.de	oc	Date: 11/28/08	

#### Kramer, Jake

From:

Gustin, Dave

Sent:

Wednesday, December 17, 2008 8:10 AM

To:

**#PGDCM** 

Cc:

de Gutierrez-Mahoney, Bill; Oriente, Michael; Jonas, Tracy

Subject:

FW: could you do me a favor.

Attachments:

Threshold Change Form.doc

#### All:

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Threshold Change Form.doc (64 ...

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#### Micheal Bishop

Compliance Analyst, Business Process

#### McKesson Pharmaceutical

Retail National Accounts, Support Solutions 1220 Senlac Drive Carrollton, TX 75006

972.446.4892 Tel 972.446.5493 Fax 972.872.0149 Cell micheal bishop@mckesson.com

#### www.mckesson.com

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Compliance Analyst, Business Process

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From: Bishop, Micheal

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Subject: RE: could you do me a favor.

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Thank you

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Compliance Analyst, Business Process

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Dave Gustin, DRA North Central Region

cell 937 402 0834

4

## **MCKESSON**

Empowering Healthcare

# **Threshold Change Form**

Immediate Change	Request Y/NY	Anticipated Effective	ve Date: 11/28/200	<u> 18</u>	
Date: 11/28/2008					
Customer Name: Address:	Various RNA Custo	omers - See attachment			
DEA number: Customer Account	t number: <u>See attachn</u>	<u>nent</u>			
<ol> <li>CS requested:</li> <li>CS requested:</li> <li>CS requested:</li> <li>CS requested:</li> <li>CS requested:</li> </ol> Reason for change	Various  e (attach supporting of	Increase an Increase an Increase an Increase ar Increase ar documentation):	Change in sellount30% increase nount no	ling unit or percentage	
Increase due to T	hanksgiving holiday	- 30% increase			
2. Questions	st site visit/observati naire and Declaration of or Temporary thres	on file?	Date: n the last three mo	onths?	
Current Threshol  1. various  2.  3.  4.  5.	ld in the second se				
Denied By:	makent.		Date:		
Approved by:					
DCM			Date:	-	
Sales			Date:	-	
Regulatory dg  Threshold Change Form	n.doc	Ε	Date: 11/28/08		

MSKESSON

Empowering Healthcare

Threshold Change Form

#### Immediate Change Request Y/NY Anticipated Effective Date: 12/15/08 Date: 12/15/08 Customer Name: CVS Address: DEA number: Customer Account number: many Provide Economost number, Description, NDC or Base Code Change in selling unit or percentage 1. CS requested:<u>9193</u> Increase amount 30% 2. CS requested:\_\_\_\_ Increase amount\_\_\_\_ 3. CS requested:\_\_\_\_ Increase amount 4. CS requested:\_\_\_\_ Increase amount\_\_\_\_ 5. CS requested:\_\_\_\_ Increase amount\_\_\_ Reason for change (attach supporting documentation): National adjustment due to the vast number of increases needed during a shortage and demand shift, per Don Walker and the DRA team. McKesson use only 1. Date of last site visit/observation.\_\_ 2. Questionnaire and Declaration on file? Date: 3. Permanent or Temporary threshold change?perm 4. Has threshold been changed on the same product within the last three months? Current Threshold 1. various 2. 3. 4. 5. Denied By: \_\_\_\_\_ Date: \_\_\_\_ Approved by: DCM \_\_\_\_ Date: \_\_\_\_ Sales Date: Threshold Change Form05\_20\_08.doc

Case: 1:17-md-02804-DAP Doc #: 2371-68 Filed: 08/14/19 31 of 35. PageID #: 387114

**MCKESSON** 

Empowering Healthcare

Regulatory dg

Date: 12-15-08

Threshold Change Form05\_20\_08.doc

## **M**SKESSON

Empowering Healthcare

# **Threshold Change Form**

Immediate Change	Request Y/NY Antic	ipated Effective Date: 11-25-08
Date: 11-26-08		
Customer Name: Address:	FM0755299 442358	CVS PHCY 5302A
DEA number:Customer Account	number:	
<ol> <li>CS requested:</li> <li>CS requested:</li> <li>CS requested:</li> <li>CS requested:</li> <li>CS requested:</li> <li>Reason for change</li> <li>Per the agreement</li> </ol>	(attach supporting documentati	Increase amount30% Increase amount Increase amount Increase amount Increase amount on): eproved by Don Walker on Sept 25 to temporarily
<ul><li>2. Questionna</li><li>3. Permanent</li></ul>	t site visit/observation tire and Declaration on file? or Temporary threshold change	Date:? roduct within the last three months?
Current Threshold 1. 2. 3. 4. 5.		
Denied By:	<del>-</del> .	Date:
Approved by:		
DCM Jake Krame	<u>r</u> .	Date: <u>November 26, 2008</u>
Sales Threshold Change FormCV	S11-25-08.doc	Date:

Case: 1:17-md-02804-DAP Doc #: 2371-68 Filed: 08/14/19 33 of 35. PageID #: 387116

**M**SKESSON

Empowering Healthcare

Regulatory Tracy Jonas

Date: November 26, 2008

Threshold Change FormCVS11-25-08.doc

## **M**SKESSON

Empowering Healthcare

# **Threshold Change Form**

mineurate Change	Request $Y/N\underline{Y}$	Anticipated Effection	ve Date: 11-25-08	
Date: 11-25-08				
Customer Name: Address:	CVS Phcy 5301A 1311 Grand Ave Billings, MT 59102			
DEA number: FM0 Customer Account	755364 number:170206			
2. CS requested: 3. CS requested: 4. CS requested: 5. CS requested: Reason for change (		Increase amo Increase amo Increase amo Increase amo Increase amo Increase amo nentation):	ount <u>30%</u> ount ount ount	unit or percentage
McKesson use only  1. Date of last s  2. Questionnair  3. Permanent o		e?	Date:	
1. 2. 3. 4. 5.				
Denied By:			Date:	
Approved by:				
DCM Jake Kramer			Date: <u>11/25/</u>	08
Sales			Date:	
Threshold Change FormCVS11	-25-08 (2).doc			

Case: 1:17-md-02804-DAP Doc #: 2371-68 Filed: 08/14/19 35 of 35. PageID #: 387118

**M**SKESSON

Empowering Healthcare
Date: November 25, 2008

Regulatory <u>Tracy Jonas</u>

Threshold Change FormCVS11-25-08 (2).doc